

**Temporary Housing  
Self-Certification of Income**  
(To be completed by adult household members only.)

Household Name \_\_\_\_\_ Project Name \_\_\_\_\_

1. ☐ I hereby certify that I am a victim of flooding or storm damage as a result of Hurricane Katrina.
2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement). For each yes statement provide source and amount:
- |   |   |  |
|---|---|--|
| Y | N | Wages from employment (including commissions, tips, bonuses, fees, etc.);  |
|   |   | Source: _____ Amount: _____  |
| Y | N | Income from operation of a business;   |
|   |   | Source: _____ Amount: _____  |
| Y | N | Rental income from real or personal property;  |
|   |   | Source: _____ Amount: _____  |
| Y | N | Interest or dividends from assets;   |
|   |   | Source: _____ Amount: _____  |
| Y | N | Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;  |
|   |   | Source: _____ Amount: _____  |
| Y | N | Unemployment or disability payments;   |
|   |   | Source: _____ Amount: _____  |
| Y | N | Public assistance payments;  |
|   |   | Source: _____ Amount: _____  |
| Y | N | Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;   |
|   |   | Source: _____ Amount: _____  |
| Y | N | Any other source not named above.  |
|   |   | Source: _____ Amount: _____  |
| Y | N | I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months. |
3. ☐ I certify that I have provided income documentation for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc); or
- ☐ I certify that I am unable to provide complete 3rd party verification or income documentation.
4. I will be using the following sources of funds to pay for rent and other necessities: \_\_\_\_\_

**Therefore I certify my anticipated gross annual income for the next 12 months to be: \$\_\_\_\_\_.**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____ Signature of Applicant	_____ Printed Name of Applicant	_____ Date
_____ Signature of Owner/Agent	_____ Printed Name of Owner/Agent	_____ Date